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No. 29.

Dissertation on Uterine Hemorrhages.

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passed March 15. 1816

The subject I have chosen for the following essay is uterine hemorrhages, which, from their frequent occurrence, have ever been esteemed as constituting a very important part of the practice of midwifery, on account of the immediate and great danger with which they are often attended; but those, however, which I am about to consider, are such as depend upon the latter part of pregnancy and parturition.

The term hemorrhage may be applied to every discharge of blood from the uterus, it may be applied to those which happen during pregnancy. The same remark may be applied to those cases, which occur between the birth of the child and the expulsion of the placenta. But the discharge which takes place after the expulsion of the placenta cannot be called a hemorrhage unless it is excessive in degree.

All cases of hemorrhage from the uterus within the three last months of pregnancy are attended with more or less danger to the patient; but before I can consider them, it is necessary to notice, that they

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may occur at very different periods with regard to actual labour.

The term of utero-gestation is commonly nine months; but expulsion of the fœtus may take place much sooner. If it occurs within three months of the usual period, the woman is said to have a premature labour; if before that time, she is said to miscarry or have an abortion.

Hemorrhage may occur at any time of pregnancy, it may occur during labour, before the birth of the child. It may take place after the birth of the child, but before the abstraction of the placenta; and it may happen after the birth of the child and removal of the placenta.

Now as the placenta and membranes are connected to the uterus by a great number of vessels, every accident which has a tendency to seperate them from the uterus, as external violence of any kind as blows, falls &c. may be considered as a remote cause of hemorrhage, or any thing which has a tendency to increase the general circulation to a great degree as quick walking, running,

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dancing, leaping, violent straining at stool, frequent stooping and lifting heavy weights, and exertions of the abdominal muscles may occasion their seperation. An increased action of the uterine vessels existing as a local disease, may cause a seperation to take place. A plethoric state is not an unfrequent cause in the young and vigorous; and whatever stops prematurely the action of gestation may give rise to a greater or less degree of hemorrhage. The attachment of the placenta over the os uteri is a frequent cause of dangerous hemorrhage; a seperation being produced by the change which takes place in the latter period of pregnancy, about the os uteri. In order to ascertain whether the hemorrhage proceeds from this latter circumstance, it is necessary, as in every dangerous hemorrhage to which we are called, carefully to examine our patient. If the placenta presents, we shall only feel a fleshy substance without any part of the membranes, and the childs head cannot be so distinctly perceived to rest on the os uteri. Sometimes only a small part of the placenta

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centa presents and may not be discovered at the first examination.

With regard to the symptoms their is great diversity in different instances. In some cases, the pains are long and effectual; in others, short and trifling. Sometimes the hemorrhage is moderate or inconsiderable; at other times the quantity of blood lost is very great and comes away suddenly, which occasions the woman to faint; because not only a great quantity of blood has been lost, but because it comes away all of a sudden and from large vessels, which, therefore, not adapting themselves to the quantity contained in them, the circulation is interrupted for a short time. But when the hemorrhage continues or frequently returns, the patient becomes weak, her countenance pale, her breathing anxious, her stomach irritable and incapable of retaining any thing, her extremities cold, her pulse weak and tremulous, her breathing difficult, and if not soon relieved expires.

On the first attack the patient seldom suffers much;

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and if fainting should occur [which generally does] the hemorrhage stops and may not return again, but much more fequently it is reproduced by the slightest cause as getting into bed, straining at stool, walking about the roome, coughing, sneizing &c

When a woman has lost a considerable quantity of blood in the last months of pregnancy, her life is to be considered in eminent danger. Doct. Burns, says, we may lay it down as a general rule, that few cases of uterine hemorrhage occuring in advanced pregnancy can be cured without delivery. For when it is copious or obstinate the placenta is seperated and sometimes to a considerable extent, and a reunion without which, the woman can never be secure against another attack can hardly be expected. If the placenta presents, the hemorrhage although suspended will to a certainty return and few will survive if they are not delivered. But in those cases, where a small portion of the membranes have been seperated, if proper remedies are used, the hemorrhage may be checked and may not return

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In estimating the danger of uterine hemorrhage, we should take into consideration the previous state of health and habit of the patient, the violence of the discharge, the difficulty of checking it, the frequency of its occurrence, and particularly the effect it has produced.

In uterine hemorrhages, the danger is indicated by the pain with which they are often attended, in advanced pregnancy. An hemorrhage without pain is more dangerous than if the pain be regular and acute, because the pain indicates that the uterus contracts which will eventually check the hemorrhage. The danger is likewise indicated by the weakness and quickness of the pulse, by a general paleness and coldness of the body; by a ghastly countenance; by great inquietude and continual fainting fits; by a high and laborious breathing; by sudden and violent fits of vomiting and by convulsions. This last is generally mortal.

Such are the symptoms that frequently attend

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dangerous hemorrhages; but the unhappy sufferer is not to be considered as out of danger, although she survives delivery and the hemorrhage is checked; for a fever may supervene, which hardly ever fails to destroy her.

I shall now proceed to consider the treatment of uterine hemorrhage either as it occurs in the last three months of pregnancy, during labour before the birth of the child; after the birth of the child, but before the abstraction of the placenta and after the birth of the placenta.

The conduct to be pursued must be guided by the intensity of the hemorrhage and the time when it manifest itself with most violence.

In those cases, where the discharge is not very great or where only a small portion of the decidua has been seperated either by too much action of the vascular system or by too much blood in the vessels or by some mechanical excertion. Venesection cool air and rest in a horizontal posture are the most effectual means

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in checking the present hemorrhage and preventing its return. Besides these means various other remedies have been recommended, such as acetate of lead, sulphate of Zinc, opium, Ipecacuanha, astringent injections and the plug. But when all of these means fail in checking the hemorrhage, and it becomes profuse, when the patients strength is fast sinking by sudden and repeated attacks of hemorrhage, it would not be proper to delay any longer but immediately proceed to deliver her.

Sometimes, although, the patient has had frequent attacks of hemorrhage and at the same time very profuse, yet the os uteri will be found hard and rigid; at other times soft and yielding and easily dilated In the first instance, I do not think it proper to deliver her, unless some dangerous symptom should supervene, but would trust to the plug and rest, until the os uteri became soft and yielding we may then proceed to deliver her.

When the parts are prepared for delivering it is to be performed in the following manner. The hand previously lu-

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bricated with some mild ointment as pomatum or lard, is to be introduced into the vagina, one or more of the fingers is to be introduced into the os uteri, and being turned with a semirotatary motion, will soon make room for the remainder of the fingers in a conical form. When the os uteri is dilated sufficiently, the membranes are to be ruptured, the hand immediately to be carried into the uterus and upward until the feet are found. Both feet are to be grasped or one if the other is not conveniently found, betwixt the fingers and brought down into the vagina, it should be recollected at the same time, that the toes are to be turned to the back of the mother. If on turning the child the uterus should not be found to act, the fingers should be thrown back against the sides of the uterus and by rubbing the abdomen with the hand, which will stimulate the uterus to contract. The child should be left to be expelled by the contraction of the uterus if the hemorrhage ceases on turning the child, which it generally does.

Attachment of Placenta over Os Uteri

In those hemorrhages, which are occasioned by the attachment of the placenta over the os uteri. The woman commonly goes through the early part of her pregnancy without any symptom denoting that circumstance. But when the changes of the os uteri comes on, which occur in the latter part of the eighth or commencement of the ninth month of pregnancy, there must be a hemorrhage; because such change will necessarily seperate a part of the placenta from the uterus. When a hemorrhage from this cause once comes on, the woman is never free from danger until delivered. As delivery in such cases, by the natural powers is very precarious, and as experience has proved the inefficacy of other means intended to check the hemorrhage, I shall proceed to give a detail, without further consideration of the best manner of delivering in such cases.

Concerning the the best manner of delivering when the

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placenta is attached over the os uteri, there has been some difference of opinion, some have recommended to pass the hand through the middle of the placenta and bring the child down through the opening. A better method in my opinion, is to insinuate the hand at one side of the os uteri, between the placenta and that viscus, taking care not to rupture the membranes, till the hand approaches pretty near its fundus, and there to pierce them, lay hold of the feet and bring them down. By this method the childs life will not be endangered, by rupturing the large umbilical vessels, which would be the case when the hand is thrust through the middle of the placenta; and a turning can be effected with more ease in consequence of the waters being retained, which prevents the uterus from contracting on the body of the child. On turning the child, the hemorrhage commonly ceases, in consequence of the compression made on the bleeding vessels by the inferior parts of the child, as well as, by the contraction of the uterus. If the

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labour-pains should at this time be strong enough, it would be proper to leave the child to be expelled by them; but if they should not, assistance should be given, gently extracting during a pain by the feet, with a view of aiding the feeble efforts made by the uterus. The delivery must be but slow until the breech has passed the external parts, then we must be careful that the cord is not compressed before the rest of the child is born.

After the child is delivered, if the process has been properly conducted, the hemorrhage commonly ceases; but if it does not, it must be treated as will be recommended, when I shall speak of hemorrhages with a retained placenta.

In natural labour there is commonly a slight discharge of bloody mucus, which is called by midwives the Shows. But if the placenta is in any degree seperated from the uterus, the quantity is very great, and the os uteri may at the same time very little dilated. In such cases, the treatment before recommended is to be persued. But if the hemorrhage should come on

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when the head of the child has passed through the superior strait of the pelvis and the hemorrhage so great as to threaten immediate destruction, the forceps or crotchet are to be imployed according to the demands of the case.

After the child is born, the uterus commonly contracts so much as to detach the placenta and ~~its~~ membranes from its surface. This contraction is indicated by pains similar to those of labour differing only in degree. But if this contraction does not take place, and the placenta be in part or wholly seperated, a prodigious hemorrhage insues which hardly ever fails to debilitate the patient very much. Sometimes in consequence of the too hasty extraction of the child or by an irregular spasmodic action which expels the child suddenly, gives rise to a profuse hemorrhage. A scirrhus adhesion of the placenta to the uterus is sometimes a cause of dangerous hemorrhage as the seperation will be extremely difficult and perhaps sometimes almost impossible

The hemorrhage occasioned by a tofor of the uterus is commonly very profuse and produces its usual

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effects on the system. But the first discharge of blood does not; because it is not taken immediately from the general system, but from the uterus itself.

The causes which may give rise to this torpid or inactive state are various as long and tedious labour, frequent examinations, improper exhibition of stimulants during labour, too hasty extraction of the child, a crowded and ill ventilated room &c.

When a hemorrhage from this cause has taken place, we must endeavour to excite the contraction of the uterus. This is to be effected by the application of cold to the back and pubis, and by pressing on the abdomen with the hand.

The Secale Cornutum has been recommended and promises to be an important remedy in exciting the uterine contraction. But when these means fail, and the hemorrhage is profuse, the hand is to be introduced into the uterus, using the umbilical cord as a guide; and by pressing on the placenta with the back of the hand, stimulate

the uterus to seperate it. If however the action of the uterus should not be excited, the fingers are to be extended over the placenta and by pinching it up seperate it from the uterus; but upon no account should it be extracted immediately, but we must wait until the uterus begins to act and then gently withdraw the hand with the placenta, according to the contraction of the uterus.

In those cases, where an irregular contraction of the uterus is the cause of the retention of the placenta there is commonly some degree of hemorrhage and sometimes a very dangerous one. The forms which the uterus may assume in consiquence of irregular contraction are various; but the most common is the hour glass form, when the middle of the uterus only acts, by which it is divi- into two cavities.

The symptoms which indicate such a circumstance are very vague: when grinding pains come on after the birth of the child, which

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do not expel the placenta, by feeling the abdomen, we may form some opinion; but the most certain way of judging of such an occurrence is by an examination per vaginam.

When the uterus is thus spasmodically contracted, the stricture is to be dilated as has been recommended in the dilatation of the os uteri, the placenta is then to be seperated and brought down to the part, which was contracted until the fundus of the uterus begins to act, when it is to be brought away.

When the placenta is retained by a morbid or scirrhus adhesion to the uterus, there is commonly an unusual degree of hemorrhage, which is increased by every pain to expel it. In such cases there is no alternative but to seperate it slowly and cautiously by the ends of the fingers without injuring the uterus.

The discharge which follows the expulsion of the placenta is very various in different women, being in

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some very trifling and in others it is profuse. But when from hasty extraction of the placenta, the immoderate use of stimulants, too much exertion after delivery or any other cause; there comes on a profuse hemorrhage which threatens the immediate destruction of the patient, the only security consists in uterine contraction. This contraction is to be excited by the vigorous application of cold to the abdomen and loins as cold water or water in which salt has been dissolved, Even ice has been introduced into the uterus, at the same time every thing which can heat the woman should be removed and a free circulation of air should be admitted into the room by ~~throughing~~ throwing open the doors and windows. The introduction of the hand into the uterus to stimulate it, is a powerful means and should not be neglected. Most commonly if these be imployed the hemorrhage will be checked, sometimes, however, they will not succeed, and then the various remedies which have been recommended

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are to be imployed.

When a woman has suffered much from flooding, she should be confined to bed and every thing which can increase the circulation, should be avoided.

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1817

Harper